

(Office Symbol) (Marks Number)

(Date)

MEMORANDUM FOR: National Guard Bureau, ARO-O, ATTN: ADSW Program Manager, MAJ Obie Spratling, 111 S George Mason Drive, Arlington, Virginia 22204

SUBJECT: Active Duty Special Work (ADSW) Tour Request - **(Position Title)**

1. Reference AR 135-200, chapter 6.
2. Request active duty for special work (ADSW) tour for an **(Rank)**. (For beginning of FY we do not want names. We will marry names to positions later. The positions need to be justified based on the mission and not by who is expected to fill the position.)
 - a. Sponsor Unit (**sponsor unit/organization/branch**). (This is the branch, etc. that is requesting the tour.)
 - b. Duty Location: (**post, city, state, zip code, country**).
 - c. Immediate Supervisor: (**name, rank, title, commercial, and DSN telephone number, military address**). (This should be the POC at the duty location.)
 - d. Tour Dates: Start (**day, month, year**); End (**day, month, year**).
 - e. Length of tour: (**the number of days**).
 - f. Field Conditions: (**state if duty will be performed under field conditions**).
 - g. Per-Diem: (**yes/no**) (**state if sponsor command or NGB will pay per diem costs**).
 - h. Billeting: (**state if no charge government quarters are available and will be used**).
 - i. OHA: (**state if OHA is authorized**). (This will be determined by DFAS website.)
 - j. Rations: (**state if government rations are available and will be used**).
 - k. Travel: (**state if sponsor command or NGB will pay travel costs**).
 - l. Dependent Travel Authorized: (**yes/no**).
 - m. Rental Car Authorized: (**yes/no**)

n. COLA: **(state if COLA is authorized).** (This is determined thru checking DFAS website.)

3. Soldier qualifications:

- a. Experience required: **(state types of experience needed).**
- b. Skills/qualifications required: **(state types of skills and/or qualifications needed).**
- c. Minimum military and civilian education required (if none, so state):
- d. Security clearance required: **(If any.)**

4. Project justification:

a. The project to be completed is **(describe clearly what is to be accomplished).**
(An accurate job description. The more detailed, the better the chance of approval.)

(1) By **(day, month, year)**, the soldier will have completed **(state the first milestone toward accomplishment of the project or mission).**

(2) **(List subsequent milestones as shown above by month).** (Be as specific as possible. There may be some positions that do not have specific milestones, but some statement of duties must be shown.)

(3) **(State how the project or mission will be completed if not completed by the termination date of the tour).**

b. Assigned personnel, AGR, or DA **Civilian**, cannot accomplish this project because **(Explain why this work required would exceed that normally accomplished by full-time personnel. A blanket statement that such work is excessive without giving an explanation is not sufficient).** (If the mission is in support of the Global War on Terrorism, make this is stated. Key words or phrases, such as “increased OPTEMPO,” “support of GWOT,” are helpful.)

c. The need for this project was created by **(name the action or directive involved and explain how the action or directive created the need—spell out just what created the need).** (There may be a specific AR or other document that creates the need for this, or it can be the GWOT.)

d. The project is vital to the function of this office and the ARNG for the following reason(s): **(The language used here should be clear, simple, and concise. Even someone outside the military should be able to read it and understand why the project or mission is important. A blanket statement without explanation is insufficient. Do not exaggerate).** (This should state why the position is necessary, and not just a request for help

so others in the office will not be over worked. Be as specific as possible so that the approving authority knows why this position should be approved.)

5. Point of contact for this request is **(name and phone number of person the NGB-ARO-O ADSW Program Manager can contact for additional information)**.

(Signature block of sponsor approving officer) (Needs to be O6 or higher signature block. Can be signed “for” that person. Must have an actual signature, we can accept a faxed or scanned copy as long as it is an actual signature.)

CF: NGB-ARO-O